

## CLASS C AMENDMENT FORM

235416

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

X DATE: \_\_\_\_\_

Docket # 2011-455-T

I have the following Certificate:

☒ Class C Taxi # 8541 ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change** (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: Kenneth Pringle & Frederick Stroud DBA: Pringle Transportation  
(Current Name) (Current DBA if applicable)

TO: Kenneth Pringle DBA: Pringle Transportation  
(New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☐ **Passenger Limit**

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Kenneth Pringle & Frederick Stroud DBA 45 Pinsett St  
Current (Name & DBA if applicable) Pringle Transportation (Street and/or Mailing Address)

Charleston SC 29403  
(City, State, Zip Code)

X

(Signature)

843-814-6078  
(Telephone Number)

X

(Title) Owner, President, etc.

CLASS C AMENDMENT FORM (This page is used only when asking for a name change)

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Docketing Department</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
---	--

Additional Information needed for a name change to a certificate

If a carrier has a certificate that has more than one individual's name listed as part of the certificated name, it is required that signatures from all individuals who wish to have their name removed be submitted with this request to the Public Service Commission.

By signing the following document, I authorize the request to have my name removed from this certificate.

ⓧ Frederick Bernard Steud  
Name of person requesting to have his/her  
name removed from the certificate

ⓧ Frederick B. Steud 3/5/12  
Person's signature and Date

\_\_\_\_\_  
Name of person requesting to have his/her  
name removed from the certificate

\_\_\_\_\_  
Person's signature and Date

\_\_\_\_\_  
Name of person requesting to have his/her  
name removed from the certificate

\_\_\_\_\_  
Person's signature and Date

ⓧ

<b>Sworn and subscribed before me</b> this <u>5<sup>th</sup></u> day of <u>March</u> , 20 <u>12</u>  <u>[Signature]</u> <b>Notary Public for South Carolina</b> <b>My Commission Expires: <u>Nov 30<sup>th</sup> 2018</u></b>
--

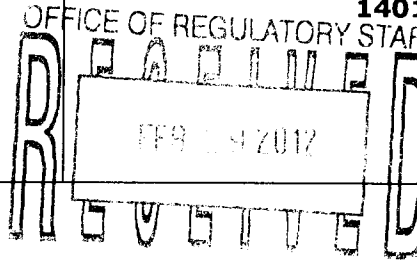
# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815



DATE: 2/27/12

I have the following Certificate:

- ☒ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Pemyle Transportation (Current Name) DBA Kenneth Pengk + Frederick Strand (Current DBA if applicable)  
TO: Pengk Transportation (New Name) New DBA Kenneth Pengk (New DBA if applicable)  
New Name

☐ Scope of Authority

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☐ Passenger Limit

From: 7 (Current Limit Number) To: 7 (New Limit Number)

Name & DBA if DBA is applicable)

Chas. S.C. 29403  
(City, State, Zip Code)

843-8146078  
(Telephone Number)

45 Poinsett St  
(Street and/or Mailing Address)

[Signature]  
(Signature)

Kenneth Pengk  
(Title) Owner, President, etc.